PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 11 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770147

1. Corporation Name

Palm Beach County Seminole Boosters, Inc.

Principal Place of Business | Mailing Address

REINSTATEMENT 94-98 AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
P.O. Box 14653	P.O. Box 14653
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Palm Beach, Florida	City & State: North Palm Beach, Florida
Zip: 33408 Country: United States	Zip: 33408 Country: United States

4. Date Incorporated or Qualified To Do Business In Florida: 9/18/83

5. FEI Number: 59-2315725 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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12/22/98 01051 005
****481.25 ****481.25

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4
P/D	Ms. Ann Petersen	120 La Mancha Avenue	Royal Palm Beach, FL 33411
V/D	Ms. Bonnie Brent	6206-1 Riverwalk Lane	Jupiter, FL 33458
S/D	Ms. Linda Bush	P.O. Box 12734 N/A	Lake Park, FL 33403
T/D	Mr. Randy Kotler	10939 La Salinas Circle	Boca Raton, FL 33428
P-E/D	Mr. Bill Golson	13886 88th Place N.	West Palm Beach, FL 33412
C/D	Mr. Phil Zammit	124 Shore Court, #309	North Palm Beach, FL 33408

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Dominick R. Lioce 1645 Palm Beach Lakes Blvd., #1200 West Palm Beach, FL 33401	Name: William G. Capko Street Address (P.O. Box Number is Not Acceptable): 1700 Palm Beach Lakes Blvd. Suite, Apt. #, Etc.: Suite 1000 City: West Palm Beach, State: FL, Zip Code: 33401

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 12/8/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Ann Petersen 12-8-98 561-659-9519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #